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**REQUEST FOR WITHDRAWAL  
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Application Number	09/909,411
Filing Date	07/19/2001
First Named Inventor	Sharon Drew Morgen
Art Unit	2152
Examiner Name	Not yet assigned
Attorney Docket Number	23091-P001US

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Client has refused to pay several invoices issued by attorneys of record.

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1. ☐ The correspondence address is NOT affected by this withdrawal.
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<input checked="" type="checkbox"/> Firm or Individual Name	Sharon Drew Morgen				
Address	411 Brazos Street				
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Signature				Registration No.	36,571
Date	6-9-04			Telephone No.	512-370-2851

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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